DOCUMENT RESUME

ED 466 082 EC 309 052

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TITLE	Guidelines for Providing Mental Health Services to People Who Are Hard of Hearing.
INSTITUTION	California Univ., San Diego.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	2002-00-00
NOTE	37p.; Prepared by the Rehabilitation Research and Training Center, California School of Professional Psychology--San Diego.
CONTRACT	H133B40022
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adults; Deafness; Demography; Disability Identification; *Emotional Disturbances; *Hearing Impairments; Intervention; *Mental Disorders; *Mental Health Programs; Partial Hearing; Psychological Testing

ABSTRACT

This document provides mental health professionals with information about the mental health needs and concerns of people who are hard of hearing and those who are late-deafened, i.e., deafened after language acquisition. Individual chapters address the following topics: (1) distinguishing differences among people with hearing loss (defining the problem and types of classification); (2) demographics of hearing loss (demographic findings by age, gender, ethnicity, economic status, education level, employment status, limitation of activity due to a chronic condition); (3) identifying people who are hard of hearing (hearing aid identification and signs and symptoms of hearing loss); (4) the impact of hearing loss (hearing loss as a communication disorder, factors contributing to mental health problems, information gaps, and developmental issues); (5) intervention strategies (basic intervention strategies, providing accurate information, and helping establish effective communication behavior); (6) other intervention strategies (e.g., relaxation training, cognitive therapy, grief resolution); (7) psychological testing (information about the hearing loss, selection and interpretation of standardized tests, and testing environment modifications); and (8) other conditions related to hearing loss (vertigo/dizziness, neuromas, and tinnitus). Appendices list national and local resources and communication guidelines. (Contains 16 references.) (DB)

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Guidelines for Providing Mental Health Services to People Who Are Hard of Hearing

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U.S. DEPARTMENT OF EDUCATION
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This research was supported by grant #H133B40022 from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education. The opinions contained in this publication are those of the grantee and do not necessarily reflect those of the U.S. Department of Education.

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Major editorial and content review and suggestions were contributed by Karen Lindberg, Chairperson, SHHH Mental health Committee. Other helpful suggestions were provided by members of the SHHH Mental Health Committee. The section on Psychological Testing was written by Carren Stika, Ph.D. Consultation on Assistive Technology was provided by Janet Trychin, M.A., CCC-A.

INTRODUCTION

Hearing loss affects the delivery of mental health services in several ways. First, the services must be accessible, meaning that people who have difficulty with or cannot use the telephone without there being special accommodations in place, may be severely limited in their ability to enter into the service delivery system. Second, once in the system, they have to be able to understand what is being said to them by office personnel and service providers. Third, professionals engaged in assessment, diagnosis, and treatment need to understand the psychosocial issues that frequently accompany hearing loss -- both for those who have it and for the individuals with whom they interact. A frequently observed complaint of people who are hard of hearing who have sought mental health services is that they had to devote considerable time, that they were paying for, to educating their therapist or counselor about the issues associated with hearing loss.

This manual is written in an attempt to fill an existing void in the delivery of mental health services. That void is the lack of information about the mental health needs and concerns of people who are hard of hearing and those who are late-deafened, i.e., deafened after language acquisition. Programs that provide information about the mental health needs and concerns of people who are deaf and rely on sign language for communication have been available for some time. Federally funded research on issues in general concerning people who are hard of hearing and late-deafened date back only to 1991 and research on their mental health needs only to 1994 with the establishment of the Research and Training Center for People Who are Hard of Hearing and Late-Deafened at CSPP-San Diego. As far as we know at this writing, there are no other training programs for mental health professionals that provide systematic and comprehensive information about the mental health needs of this population.

The goal of this manual is to provide mental health professionals with information about hearing loss and its effects to enable them to provide effective services to people who are hard of hearing and late deafened.

DISTINGUISHING DIFFERENCES AMONG PEOPLE WITH HEARING LOSS

One problem for mental health providers is that there is often not a clear distinction about whether the client is functioning as deaf, late deafened or hard of hearing. Often, not understanding the importance of distinguishing between these categories, people who are hard of hearing will refer to themselves as being deaf. The problems faced by people who are deaf may be quite different from those faced by people who are hard of hearing. More importantly, the solutions to those problems will probably be quite different, even between those who are deaf and rely on sign language as contrasted with those who are oral deaf and do not use sign language. For example, many culturally deaf people do not view their deafness as a problem. Recommending ways for them to hear better, such as, surgery or using assistive listening devices will not be acceptable to them. Virtually all people who are hard of hearing or late deafened see their hearing loss as a problem and will be more willing to entertain suggestions for increasing their ability to hear and understand. The term hearing impaired itself is the cause of much confusion because it does not provide information about the sub-group to which the individual belongs. Because of the differences in the problems and their solutions among these groups, it is important to have criteria to define them, even though there are always cases that do not neatly fit into any of these categories.

Defining the Problem

There are several systems available that provide ways of classifying people who do not have normal hearing.

Audiological classification: Audiologists use a unit of measurement called the decibel to determine thresholds of hearing for tones of varying frequencies. These tones are measured in Hertz (Hz) and vary from 125 Hz (low pitch) to 8,000 Hz (high pitch). The tones are presented at levels of volume varying from zero to 120 decibels. The following categories are derived from assessing hearing in this manner:

- normal hearing--tone thresholds between zero and 15 decibels (db)
- minimal hearing loss--tone thresholds between 16 and 25 decibels (db)
- mild hearing loss--tone thresholds between 25 and 40 db
- moderate hearing loss--tone thresholds between 41 and 55 db
- moderate to severe hearing loss--tone thresholds between 56 and 80 db
- severe hearing loss--tone thresholds between 81 and 90 db
- profound hearing loss--tone thresholds above 90 db

One advantage of this classification system is that it provides an objective and verifiable assessment of whether or not the individual has a hearing loss and, if so, a measure of its severity. A second advantage is that it also provides information about the type of hearing loss--conductive,

sensorineural, or mixed. Conductive hearing losses are caused by problems in the outer or middle ear that prevent the normal transmission of sound to the inner ear (cochlea). They are often remediable by medication or surgery. Fitting hearing aids is usually easy because all that is necessary is amplification of the sound. Sensorineural hearing loss results from permanent damage to the hair cells of the cochlea and is not treatable, except for cochlear implants in the most severe cases. Amplification will not completely alleviate the hearing problems, because there is uneven ability to hear sounds in the various frequencies. Usually, high frequency sounds are lost or, at best, poorly received, resulting in difficulty in understanding speech. Mixed hearing loss has both conductive and sensorineural components.

A major disadvantage of this classification scheme is that several of the terms used are quite misleading. Mild and moderate, for example, imply that these levels of hearing loss do not represent much of a problem for the person who has them, when, in fact, all levels of hearing loss present significant problems. The American Speech, Language, and Hearing Association (ASHA) is currently in the process of changing the labels of these categories in order to resolve this problem. A second disadvantage is that these categories do not provide information about how these levels of hearing loss effect the day-to-day functioning of the individuals so classified. Two individuals with the same audiometric profile may function quite differently--one functioning very well and the other functioning poorly. This fact indicates that other factors also need to be taken into account in placing a specific individual into one of the categories. The following is one attempt to provide additional criteria for inclusion into the categories of hard of hearing and late-deafness.

Functional classification:

People who are hard of hearing:

- have some degree of hearing loss varying from mild to profound;
- can acquire their hearing loss at any age at between birth and late adulthood;
- have some residual hearing that can benefit from hearing aids or other assistive listening devices;
- rely on their native language, e.g., English, Spanish, etc. for communication;
- in most cases, do not know sign language;
- are usually not affiliated with the deaf community;
- function primarily within the "hearing world" in terms of family, friends, and work relationships.

People who are late-deafened:

- have a severe to profound hearing loss;
- acquire their hearing loss after the development of speech, i.e., at about three years of age or any time thereafter into adulthood;
- derive little or no benefit from hearing aids or other assistive listening devices;
- rely on their native language, English, German, etc. for communication;

- may or may not know sign language;
- may or may not be affiliated with the Deaf Community;
- function primarily within the "hearing world" in terms of family, friends, and work relationships.

People who are culturally deaf:

- have severe to profound hearing loss;
- are often born deaf or acquire deafness early in life;
- derive little or no benefit from hearing aids or other assistive listening devices;
- rely on sign language, usually American Sign Language, for communication;
- are usually affiliated with the Deaf Community;
- function primarily in the Deaf Culture in terms of friends and, sometimes, family, but often work in a "hearing" job setting.

One major problem with the above functional classification system is that there is overlap between the categories. Some individuals do not fit neatly into any one category, because they share characteristics of several, e.g., those people who are hard of hearing by most criteria, but know sign language. An increasing number of people have had cochlear implants--electronic devices placed in the cochlea to replace damaged hair cells that have resulted in deafness. These people are deaf in the ear that has been implanted when the unit is turned off, but hear when it is on. A second problem is that the terms hard of hearing, deaf, and late-deafened carry surplus meaning in the larger culture and may evoke stereotypic images that may not hold for a given individual within any of these categories. For example, many people associate hard of hearing with advanced age and tend to disregard hearing ability as a possible factor in evaluating a younger person's performance or style. Many associate impaired speech with deafness and find it difficult to believe that a person who has clear speech, as do most people who are hard of hearing, cannot hear well.

Classification based on communication requirements and preferences: In this kind of system people are classified based on the amount of residual hearing they have and on the communication requirements necessary for them to understand the message being conveyed to them. For example, some people can function well with hearing aids, while others need hearing aids plus other assistive listening devices. Some who are deafened depend on some form of sign language, while others depend upon speech reading. Many people who are deafened later in life depend on visual representation of their language--English, Spanish, Japanese, etc.--through use of hand writing, computers, real-time-captioning, etc. This kind of classification system might appear as follows:

Relies on residual hearing:

- can understand using hearing aids;
- can understand using hearing aids with an assistive listening device, e.g., FM system;
- can understand by using an assistive listening device system;
- can understand using a cochlear implant;

- can understand using a cochlear implant with an ALD.

Relies on visual representation of native language:

- can understand by reading (on a computer screen, TTY, Fax, etc.) what is being said;
- can understand using real-time-captioning (CART);
- can understand by speechreading;
- can understand by speechreading and cued speech;
- can understand using an Oral interpreter.

Relies on manual communication:

- can understand using Signed English;
- can understand using American Sign Language;
- can understand using fingerspelling;
- can understand using tactual, manual communication.

Such a system is not currently in use, but would, if adopted, eliminate some of the problems of the other classification systems. The knowledge that a person defines herself as being hard of hearing, for example, does not provide sufficient information to determine the communication method she needs in order to understand what is being said. By clearly specifying the communication method that is required for a given individual, this kind of uncertainty is avoided. Many people belong to both Self Help for Hard of Hearing People, Inc. (SHHH) and the Association for Late-Deafened Adults (ALDA)--national self help organizations. Knowing the specific communication requirement for a person with such a dual membership eliminates the ambiguity about what assistive system he or she would need in attending a meeting of either group.

DEMOGRAPHICS OF HEARING LOSS

One of the puzzling features of working with the population of people who are hard of hearing is that it has been given such little attention considering the magnitude of the problem and the effects of hearing loss on people's lives. Virtually everyone in the United States has hearing loss, lives with someone who has it, works with someone who has it, or has a friend or relative who has it. It is difficult to find someone who has never experienced the effects of hearing loss either in themselves or talking to someone who has it. Given the size of the population, every mental health provider must have encountered people who are hard of hearing in the course of their practice. Experience indicates that this condition is usually either overlooked or not considered to be a significant factor. Knowing the demographic facts of hearing loss can be helpful in increasing awareness that it is often present and that it may be of critical, clinical importance. The following demographic information is from the 1991-92 National Health Survey.

Overall Demographic Findings

Hearing loss combined with tinnitus (ringing or other sounds in the ears) is the second most prevalent chronic public health problem in the United States. As a chronic public health problem, hearing loss is exceeded only by rheumatism and arthritis in terms of the number of people affected. According to the 1990-91 Vital and Health Statistics report from the National Health Survey, there are approximately 20 million people in the United States who report trouble hearing. The National Institute on Deafness and Communication Disorders uses the figure of 28 million people and may be a more accurate estimate of the true number because of under-reporting in the National Survey. This estimate represents about one out of every ten people in the general population. Of the 20 million people in the survey reporting trouble hearing, only 421 thousand or 2.2 percent are deaf. The remaining 19.5 million people are hard of hearing.

Hearing loss is on the rise in the United States. Compared to the 1970-71 Vital Health and Statistics survey, hearing loss has increased in prevalence by 24 percent. The population of the United States is now proportionately older than it was then, but there is still an increase of 14 percent when the data are adjusted for age. These statistics also show that the severity of hearing loss has also increased from 1971 to 1991.

By Age: Forty three percent of the people reporting hearing trouble are 65 years of age or over; while children ages 3-17 account for only 4.8% of that population.

The onset of hearing loss shows a definite age factor with 6 percent reporting onset before the age of three, 15 percent reporting onset between the ages of three and 18, and 79 percent reporting onset after nineteen years of age.

By Gender: Males, at 59 percent, are over-represented among persons reporting trouble hearing. Males represent only 47 percent of the population reporting normal hearing.

By Ethnicity: Caucasians are over-represented (90 percent) among people reporting trouble hearing, but as a group, they are older than other ethnic groups. When the data are age-adjusted, the percentage reporting trouble hearing are more similar in the black and Hispanic ethnic groups. There is also a possibility that trouble hearing is under-reported in some ethnic groups, resulting in a lower prevalence rate.

By Economic Status: Nineteen percent of people reporting trouble hearing have family incomes under $10,000 per year, while only 11.1 percent of those reporting normal hearing have family incomes that low.

By Education Level: Thirty percent of people reporting trouble hearing have less than twelve years education compared to 20 percent of those reporting normal hearing.

By Employment Status: Almost forty percent of those reporting hearing trouble are not in the labor force compared to 20 percent of persons reporting normal hearing. Forty one percent of those reporting hearing trouble are in service and blue-collar occupations compared with 27 percent of people reporting normal hearing.

By Limitation Of Activity Due To Chronic Conditions: About twelve percent of people reporting no trouble hearing indicate they experience limitation of activities. Thirty percent of people who have trouble hearing report limitation of activities. Fifty percent of a subgroup of people who have trouble hearing who report they cannot hear and understand normal speech report limitation of activities.

In summary, the demographic data indicate that there are a variety of negative effects on people's lives when hearing loss is present in terms of economic status, education, and daily activities.

IDENTIFYING PEOPLE WHO ARE HARD OF HEARING

The vast majority of people who are hard of hearing in the United States do not take steps to effectively deal with their hearing loss. We believe that many of them are not aware that they have a hearing loss. Because so few people who are hard of hearing openly admit to it, it is important that service providers recognize the signs that it may be present. The following presents a variety of ways of identifying the presence of hearing loss.

Hearing Aid Identification: Only about six million people in the United States have hearing aids. That means that most of the people who have trouble hearing do not have hearing aids. There are many reasons for this. Many don't recognize that they have the problem because, for most people, hearing loss has a gradually progressing development. They do not notice the difference between normal hearing and a slight hearing loss in the beginning stages. Later they do not perceive the difference between a slight hearing loss and a mild hearing loss, and so on. The person may have a substantial level of hearing loss and not be aware they have it, instead, blaming others for not speaking clearly or complaining that the TV or radio is not working properly.

Others do not acquire or wear hearing aids because they deny they have it or deny that it is a problem for them. Still others, are unaware that hearing aids will be of help to them or have previously been fitted inappropriately with an aid which did not help them. For some, a hearing aid does not help, and they do not use them.

Many people simply do not have the financial resources to purchase hearing aids, or even be able to afford an audiological assessment.

For others, getting an audiological assessment and purchasing hearing aids is low on their list of priorities due to other more life-threatening conditions, mental health problems, family or relationship crises and so on.

Many hearing aid users have in-the-canal or in-the-ear hearing aids which are often not visible to casual observation. Sometimes the hearing aid(s) may be hidden from view by long hair, kerchiefs, etc.

As a result of these factors, whether or not a hearing aid is apparent is not a reliable indicator of the presence of hearing loss. Neither, is self-report a good indicator. But, there are behavioral signs that may indicate the presence of hearing loss, particularly if several of these signs are manifested.

Signs and Symptoms Of Hearing Loss: When a person repeatedly exhibits the following signs, particularly when more than one occur in combination, the possibility of hearing loss should be considered:

- Asking people to repeat frequently;
- Giving inappropriate responses to what is said;
- Failing to respond when spoken to;
- Having difficulty understanding in group situations;
- Blaming people for not speaking clearly;
- Being defensive about communication problems;
- Staring at a speaker's mouth;
- Turning the head to one side to favor a better ear;
- Having a strained expression around the eyes;
- Having a puzzled expression when listening;
- Talking too loudly or too softly;
- Avoiding or withdrawing from social situations;
- Turning up radio or TV much too loud.

THE IMPACT OF HEARING LOSS

The effects of hearing loss on the people who have it and on those with whom they interact has not been addressed in the training programs of service providers from a wide variety of professions. It is only in the 1990's that the first federal grants have been focused on the needs, concerns, and issues of people who are hard of hearing and those who communicate with them. This chapter focuses on the impact of hearing loss on those who have it and on those with whom they interact.

Hearing Loss As A Communication Disorder

In the national Public Health Survey hearing loss appears under the category Communication Disorders. It is listed there because communication difficulties are the primary problem for the majority of people who experience hearing loss. And, it is listed there because the communication problems related to hearing loss affect both the person who has it and those with whom he or she communicates. Hearing loss is a systems issue involving both speakers and listeners in the following ways:

- The listener and speaker both experience problems when communication breaks down,
- The listeners and speaker both contribute to communication breakdowns, and
- The listener and speaker are both part of the solution of communication problems

Communication problems frequently reported: When traveling around the United States providing workshops for people who are hard of hearing and family members, we always ask them about the problems they encounter that are related to the hearing loss. The problems listed here are those universally mentioned independent of the life circumstances, age, or gender of the person reporting.

The following list is a sample of the problem situations frequently reported by people who are hard of hearing. Not every hard of hearing person experiences all of these situations as problematic, but, as a group, hard of hearing people report them as being difficult. In these situations they may hear the voice and know that someone is talking, but be unable to understand what the person is saying:

- following conversations in a moving car;
- understanding what is said at family dinners at holidays;
- understanding when several people are talking;
- understanding on the telephone;
- knowing what is being said in medical situations;
- understanding voices outdoors in wind or traffic noise;
- hearing alarm signals, doorbells, telephone ringing;
- understanding speech on the TV or radio;
- understanding when people whisper;

- understanding someone speaking from another room;
- understanding when they can't see the speaker's face;
- understanding in poor illumination;
- understanding unclear speech;
- understanding when unaware that a person is talking to them;
- understanding a policeman when stopped for traffic violation;
- understanding what is said at movies, plays, classes, lectures.

This list indicates that the effects of hearing loss are pervasive and constant in the person's life.

The following is a list of the most frequently reported complaints of family members who interact with the person who is hard of hearing:

- difficulty remembering what to do to be understood;
- difficulty in finding ways to get the person to understand me;
- the hard of hearing person turns the TV or radio much too loud;
- having to repeat what I'm saying a lot;
- having to act as an interpreter for the hard of hearing person;
- when it's obvious the person is not understanding someone else;
- when we become frustrated or irritated with each other;
- when the hard of hearing person doesn't pay attention;
- not knowing whether I've been understood;
- sometimes everything is understood, at other times, nothing;
- the person is becoming too dependent on me;
- conversation is reduced in frequency and duration;
- reduction in social contact with friends and family;
- loss of spontaneity in our communication;
- not traveling or going to new places;
- not doing things we enjoyed previously.

This list indicates the variety of ways that hearing loss can adversely affect the people who live with or regularly interact with the person who has the hearing loss.

Reactions to communication problems frequently reported: Another way to examine the effects of hearing loss on people is to inquire about how they react or respond when the inevitable communication problems occur. Many of the reactions that are frequently reported do not help to resolve the communication difficulty and many serve to make the situation worse, such as, becoming angry and blowing up at the speaker.

Reactions frequently reported by people who are hard of hearing:

- frustration
- anger
- depression
- anxiety
- guilt
- embarrassment
- shame
- muscle tension
- fatigue
- headaches
- increased blood pressure
- stomach problems
- bluffing--pretending to understand
- withdrawing from the situation
- dominate the conversation
- decreased self-esteem/confidence
- difficulty thinking clearly
- inability to concentrate

The person speaking to the individual who is hard of hearing also reacts when it is obvious that communication has broken down. Speakers also report the reactions listed above by the people who are hard of hearing. The following are some additional comments frequently reported by family members that deserve special mention.

Reactions to communication problems frequently reported by family members:

- frustration--at not knowing what to do to be understood
- guilt--feeling that misunderstandings are their fault
- embarrassment--when they know he is misunderstanding someone
- confusion--caused by the variability in the person's ability understand what is being said
- irritation--caused by having to repeat a lot
- anger--caused by the person's failure to pay attention
- overwhelmed--by the person becoming too dependent

Mental health risks associated with hearing loss: Dealing with loss is a major issue when providing mental health services to people who are hard of hearing and late-deafened. The experience of loss occurs for both the people who have the hearing loss and for those close to them. For people who are hard of hearing or late-deafened the underlying sense of loss may be related to the feeling of "no longer being the person I once was." Some examples of manifestations of this sense of loss are:

- loss of ability to fully participate socially

- loss of ease of communication
- loss of intimacy in relationship(s)
- loss of ability to contribute vocationally
- loss of income
- loss the sense of physical security
- loss of ability to enjoy music, plays, movies, or other leisure activities
- loss of independence

For family members the underlying sense of loss may be the feeling that this is no longer the person I knew before or this relationship is no longer the same as it once was. This sense of loss may manifest itself in the following examples:

- loss of ease of communication
- loss of intimacy in the relationship
- loss of shared activities
- loss of freedom
- loss of income
- loss of trust

Hearing loss can result in a variety of additional mental health- related complaints for people who are hard of hearing and for those who frequently interact with them. The following are examples of the kinds of mental health issues that can be caused or exacerbated by hearing loss:

Emotional:	depression, anxiety, guilt, anger, shame
Cognitive:	low self-esteem, worrying, inattentive, difficulty concentrating, easily distracted, blaming/paranoid
Interpersonal:	withdrawal, bluffing, dominating conversations, loss of intimacy, non-assertive, argumentative, wary/tentative socially
Behavioral:	seemingly eccentric behavior, self-limitation of activities, substance abuse, overfunctioning
Physical:	fatigue, stress reactions, eating disorders, sleep disorders, sexual problems

However, it is wise to be cautious when attributing mental health problems to an individual's hearing loss. There are three possibilities for any mental health related complaint reported by a person who is hard of hearing or a family member:

- the problem, e.g., depression, is caused by the hearing loss. If the individual did not have the hearing loss, he would not be depressed;
- the problem, e.g., depression, is exacerbated by the hearing loss. If the individual did not have the hearing loss, he would still be depressed, but having the hearing loss makes the depression worse;

- the problem, e.g., depression, is unrelated to the hearing loss. If the person did not have the hearing loss, he would be just as depressed.

Identifying which of these is the case requires an in-depth assessment of the history of the complaint along with the history of the hearing loss, assessment of other factors in the person's life, and knowledge of the mental health risks associated with hearing loss as listed above.

Factors contributing to mental health problems

Relationship issues:	lack of family support, loss of friends, interpersonal problems at work
Damage to self-image:	loss of sense of competency, loss of sense of acceptability by others, loss of sense of control or influence over the environment
Anxiety about the future:	in terms of career, in terms of relationships, in terms of losing one's remaining hearing, in terms of losing one's independence
Loss of valued activities and experiences:	movies, theaters, music, social events with friends, family gatherings, telephone use
Grief associated with losses:	for person who is HoH, for family members
Dependency issues:	for person who is HoH, for family members

The mental health complaints of many people who are hard of hearing are due to the communication problems related to their hearing loss. In these instances, the most efficient intervention is helping them prevent and reduce those communication difficulties through communication skills training, use of assistive technology, and information about resources. Others will have mental health complaints whose origins are independent of the hearing loss, but that are exacerbated by the communication difficulties associated with it. Helping this group to learn strategies for preventing and reducing communication breakdowns will accomplish two things. First, it will increase treatment accessibility, i.e., they will understand more of what is being said during treatment sessions. Second, it will allay that portion of their distress that is related to their communication difficulties.

Information Gaps

Consumer's lack of knowledge: The majority of people who are HoH and their family members are living with a mystery.

- The problems they experience are often not associated with the hearing loss: communication problems, psychological problems, social problems.
- They do not understand how the ear works and how it malfunctions
- They are unable to functionally interpret their audiogram.
- They do not know the causes of communication breakdowns, i.e, speaker, environmental, listener.
- They do not know the crucial difference between not *understanding* and *misunderstanding.*
- They do not know about assistive alerting and listening equipment available, self help groups, and/or other national and local resources.
- They do not know how to alter their communication behavior in order to prevent or reduce communication breakdowns.

Professionals lack of knowledge: Professionals who provide services to people who are hard of hearing and their families often do not have necessary information.

- Their services are not accessible to people who are hard of hearing.
- They often do not recognize that the client has a hearing loss.
- They may have had training and experience in providing services to people who are culturally deaf, but more likely have had no training related to hearing loss at all.
- They often do not realize the relationship between the hearing loss and the reported mental health issues.

Developmental Issues

Hearing loss and age of onset

Early onset: Because the acquisition of language and educational foundations requires ability to understand what is being said, early detection of hearing loss and intervention are essential. Children who do not hear normally who are in environments in which information is presented aurally are at high risk for educational failure and social skill deficits. Such people, later in life may have major difficulty in forming relationships and establishing careers.

Later onset: People who acquire hearing loss later in life are more concerned about keeping and nurturing already formed relationships and maintaining and advancing in careers.

People who acquire hearing loss at more advanced age may have additional difficulties due to the interaction of hearing loss with other conditions, such as, impaired vision or motor problems. They are more at risk for losing their sense of independence and influence over their environment.

Hearing loss as an on-going developmental process: The onset of most cases of hearing loss is gradual and progressive. What is an adequate adjustment at a lower level of hearing loss may not suffice as the person's hearing loss becomes more severe. Therefore, coping with hearing loss is often an on-going learning process for many individuals and their families involving a continual readjustment of communication behavior. As the hearing loss becomes more severe they may have to alter features of the home or work environment, and learn to use additional listening devices.

People who have had cochlear implants require an adjustment period to learn to process and understand speech and other sounds through these electronic devices. The length of this adjustment period varies from individual to individual, and individuals also vary in how well they are ultimately able to process auditory information through these devices.

The individual with the hearing loss may have difficulty adjusting to the loss of even more hearing and may face another crisis in self-identity. If the person loses virtually all of their hearing the whole family unit may be facing a crisis situation in attempting to deal with the completely altered communication situation resulting from late-deafness.

Important considerations in providing services to people who are hard of hearing and their family members are:

- how accessible those services are to people who are hard of hearing; and
- the information the provider should know about hearing loss.

Both of these factors relate to treatment effectiveness and also to the issue of establishing credibility.

Basic Intervention Strategies

Accessibility: One sure way to establish credibility with people who are hard of hearing is to have the equipment and services necessary for enabling them to access your services and to understand what is said to them in your offices. Examples of such equipment and services are listed here.

Devices and services:

Telephone access equipment and services are necessary for people who are hard of hearing to call your office for an appointment, call your hot line service in case of emergency, or for enabling patients to make calls from your office, e.g., calling taxis, etc. Types of telephone access equipment and services are: TTY, relay system, and amplified telephone.

Assistive listening devices (ALDs) work with, or independently of, hearing aids and serve to amplify a speaker's voice in order to minimize interference due to background noise, decrease the effects of distance on ability to hear, and increase understanding of what is being said. Types of assistive listening devices available are: personal amplifiers, FM systems, infrared systems, and induction loop systems.

Alerting devices inform the user that a sound signal is present in the environment by means of a flashing light, or a vibratory stimulus. Types of alerting devices are those that respond to ringing alarm clocks, telephones, fire alarms, doorbells, a baby's cry, or a knock at a door.

Visual input systems are for people who are unable to understand speech sounds. Types of visual display are Computer Assisted Real Time Captioning (CART), computer monitor, TTY LED readout, handwritten notes, e-mail and on-line services.

Interpreters. Types of interpreters are oral, sign language, and cued-speech.

Signage: It is very important that the office has prominently displayed signs informing people of the availability of these devices and services. It is also wise to include information about their availability in your advertisement of services in telephone directories and other promotional literature.

Staff training: It is essential that all office staff who come into contact with patients, e.g., secretary, billing clerk, nurse, etc. are adequately trained to identify people who are hard of hearing, communicate effectively with people who are HoH, and use and troubleshoot assistive equipment.

Environmental modification: It is also important to ensure that the environment is accessible by having proper lighting, reducing background noise, providing ALDs, or providing visual input, e.g., CART large print TDD, etc., ensuring adequate acoustics, using proper seating arrangement, minimizing distance between speakers and listeners.

Information about hearing loss: For practitioners who advertise a specialty in serving people who are hard of hearing, it is important to be familiar with some basic audiological concepts and procedures. Having a basic text in audiology available for reference is probably a good idea. In general, it is necessary to ascertain the following information.

Onset factors: As discussed previously, age of onset is important because early onset of hearing loss can contribute to the inadequate development of language, rudiments of education, and social skills.

A second onset issue is how rapidly the hearing loss occurred. For people whose hearing loss occurred virtually overnight and is severe to profound there will be a crisis for them and their families that needs to be managed. Inability to communicate effectively, actual or potential loss of employment, related organic problems, and uncertainty about the cause of the hearing loss can produce an overwhelming anxiety for everyone involved.

The majority of people who are hard of hearing have had a gradual, progressive loss of hearing over a number of years. For them, there may not have been a distinctly recognizable crisis period, but they have had a long time in which to develop and strengthen a variety of bad habits, such as bluffing, which can be highly resistant to change.

Severity of the hearing loss: As indicated previously, the labels given to the various severity levels of hearing loss are unfortunate in that the terms mild and moderate are often taken to mean that the hearing loss so designated is not of great consequence. All hearing loss produces problems in understanding for the individual who has it, depending on the circumstances in which he or she is attempting to communicate.

Unilateral hearing loss: Most people who are hard of hearing have bilateral hearing loss, meaning that both ears are affected. Some individuals have unilateral hearing loss, meaning that only one ear is affected. Individuals with unilateral hearing loss have difficulty localizing the source of a sound and separating background noise from speech or other signals they are trying

to hear. Confusion is caused by their ability to hear sounds presented from the side of their good ear and inability to hear sounds coming from the side of the bad ear. They are often accused of being inattentive, slow witted, or worse. When talking on the telephone with the good ear to the phone, they are unable to hear anything said to them other than what comes over the telephone.

Type of hearing loss: Conductive hearing loss is caused by problems in the outer or middle ear that prevent adequate transmission or conduction of the sound signal to the inner ear. Usually these conditions are treatable medically and respond well to amplification by hearing aids or other assistive listening devices. Sensorineural hearing loss is caused by damage to the hair cells in the inner ear and is not treatable medically other than by cochlear implants. Sensorineural hearing loss can be difficult to accommodate with amplification and is often associated with poor speech discrimination. People with sensorineural hearing loss are usually the ones who say, "I can hear you talking, but I don't know what you are saying."

It is necessary to be knowledgeable about other aspects of hearing loss as well as audiological variables. In making accurate appraisals for diagnosing and treatment planning and for carrying out an intervention it is essential to know the problems faced by people who are hard of hearing and people with whom they interact (e.g., family members and co-workers) as discussed previously, know how these problems relate to mental health issues, know local and national resources (see Resources section), and have reliable hearing health professionals for referrals. Knowing the problems and reactions frequently reported by people who are hard of hearing and their family members is essential in accurately assessing whether or not:

- the mental health complaint(s) are produced by the communication difficulties stemming from the hearing loss, or
- the mental health complaints are exacerbated by the hearing loss, but also need to be treated independently of it, or
- the mental health complaints are due to mental illness and the hearing loss needs to be accommodated to render the person accessible to treatment.

Providing accurate information--myths and misconceptions

There are a variety of misconceptions or myths related to hearing loss that interfere with successful treatment and adjustment. Disabusing people of several commonly held myths or misconceptions about hearing loss can be most helpful.

The hearing aid myth: The basic misunderstanding associated with hearing aids is that they are somehow analogous to eyeglasses, i.e., they return hearing to something close to normal. People who believe this think that all that is necessary to solve communication problems associated with hearing loss is to wear hearing aids. This is simply not true. The basic problem with hearing aids is the location of the microphone that picks up sound; it is on the hearing aid at the wearer's ear(s). That means that when the wearers turn up the volume on the hearing aid to make a speaker's voice come in louder, all other sounds in the environment are also increased in volume. Therefore, when background noise is present, as is almost always the case, turning up the volume

to better hear the person speaking is self-defeating. Recent developments in hearing aids allow them to filter out certain frequencies of background sound, but no hearing aid eliminates the negative effects of background noise. The best we can say is that the benefits of hearing aids are situation specific--they are usually very useful in quiet environments, but much less useful in noisy environments. Hearing aids are necessary for most people who have hearing loss, but should not be considered as a final solution to communication problems.

The lip-reading (speech-reading) myth: Another misconception is that people automatically become good lip-readers when their hearing fades. This is far from being true, and it usually requires special training for people to become adept at reading lips and other body cues to what is being said. Speechreading classes are helpful in this regard for many people. But, even an expert speechreader needs to be able to clearly see a speaker's face in order to understand what is being said. Visual problems, poor illumination, inability to see the speaker's face will decrease the effectiveness of speechreading. Most people who are hard of hearing will not even be able to get 40 percent of what is being said by speechreading alone.

The severity of hearing loss myth: This is the very dangerous misconception that mild or moderate hearing losses are not very significant in terms of being able to understand what people are saying. In fact, all severity levels of hearing loss produce problems in understanding, and the categories of mild and moderate are misleading because they imply that the impact of these levels of hearing loss is not to be considered as being serious.

The "They're out to get me" myth: Many people who are hard of hearing hold the faulty assumption that when people fail to meet their needs communicatively, that these people are insensitive, inconsiderate, or worse. The fact is that most people do not have a clue about what to do to communicate with people who are hard of hearing. When informed about what to do, they quickly forget and revert back to the way they habitually communicate--which is exactly what we should expect them to do. Rather than holding these faulty assumptions, it is much more adaptive to know that people need to be taught and frequently reminded about what they need to do to be understood.

The selective hearing myth: A misconception frequently heard from people who relate to those who have hearing loss is that, "He can understand me when he wants to." This stems from the fact that most people who are hard of hearing can understand very well under certain circumstances (quiet room, one-on-one conversation, close to speaker) and not at all under other circumstances (noisy room, multiple speakers, at some distance from the speaker). Because most people are unaware of the many factors that interfere with understanding what is being said, they attribute failure to understand to inattention or poor motivation to hear. This is most often not the case.

Providing accurate information--Equipment and other help

Most people who are hard of hearing and their family members and employers have never been informed about the assistive devices (referred to under accessibility issues above) that can vastly

improve understanding speech and being aware of important environmental sounds. Providing information about these assistive devices can dramatically and immediately improve the quality of people's lives. Providing them with hands-on experience with these devices is the most effective way to demonstrate their benefits.

Professionals in the community, e.g., audiologists or speech therapists may be able to provide such information to clients. Local chapters of Self Help for Hard of Hearing People, Inc. also have members who are knowledgeable about this equipment and can be contacted for helping to demonstrate it.

Helping establish effective communication behavior

Preventing or reducing communication problems related to hearing loss requires communication behavior knowledge about what to do and how to do it in ways that will elicit cooperation from others. Many people who are hard of hearing do not have this knowledge and skill and suffer unnecessarily as a result. It can be most helpful to determine clients' status in this area by:

- determining whether they know and can follow the guidelines for effective communication (see Appendix C).
- determining whether they are able to inform others about the fact of their hearing loss without being apologetic and without making the other person feel uncomfortable.
- determining whether they can effectively inform others about what to do to be understood, such as saying, "I need you to face me when you speak."
- determining whether they can remind others when they forget to speak louder or to slow down in ways that will not make them feel defensive.
- determining whether they model the communication behavior they desire from others, e.g., they speak clearly and at a moderate pace themselves.

OTHER INTERVENTION STRATEGIES

Most of the intervention strategies currently in use by mental health professionals are applicable to people who are hard of hearing. Many are useful in helping people who are hard of hearing learn to alter their communication behavior, request communication behavior changes in others, and feel better about themselves. Some of those found useful in this context are as follows.

Relaxation Training/Biofeedback: Many people who are hard of hearing report high levels of stress, often manifested by chronic muscle tension. Stress levels can be especially severe in communication situations. Relaxation training and biofeedback has been found useful in treating tinnitus in some people.

Cognitive Therapy: People who are hard of hearing may hold specific thought and belief structures that interfere with their ability to cope effectively with their hearing loss. For example, some believe that they are totally responsible for communication because they are the ones that have the hearing loss that produces communication failures. When they believe they are 100 percent responsible for communication, they usually will not inform others about what they need them to do in order to be understood. When they accept the fact that communication responsibility is mutually shared between the person speaking and the person listening, they are more likely to make their communication needs known.

Communication Skills Training: In our experience most people who have hearing loss do not know what communication behavior changes to request from other people. They often do not know what communication behavior changes they themselves need to make. Furthermore, just informing them is insufficient in enabling them to effect such changes. They need to learn to identify what they need. They need opportunity to practice making requests for change. They need to receive feedback on their performance. This requires a communication skills training program. Our experience indicates that when people who are hard of hearing and their family members participate in a group or class with other people who share their experiences, improvement is often rapid and enduring. This is especially true when the focus of the group or class experience is on strategies for preventing or reducing communication problems related to hearing loss. People who attend these sessions with a spouse or other family member usually experience better results than those who attend alone.

Assertiveness Training: Even when people who are hard of hearing know what it is they need others to do to be understood, they may convey their needs in ways that offend other people and make them defensive. When people are defensive, they are usually resistant to complying with requests. This results in their unwillingness to make necessary changes in communication behavior, and communication problems continue or worsen. Many people who are hard of hearing need help in learning how to communicate their needs in ways that increase the probability that others will comply with their requests.

Grief Resolution: The relationship between grief and loss is well established. When people who have hearing loss and/or those who live with them have not dealt with the grief they experience related to the loss of hearing, they are often unable to move forward in dealing effectively with the hearing loss. Furthermore, the issue of loss may resurface periodically as the individual's hearing loss progresses.

Individual/Couples/Family Therapy: Because hearing loss is primarily a communication disorder for many people and affects both speakers and listeners, couples or family treatment is often more efficient and productive than individual treatment. Both sides need to learn how the hearing loss affects the other person. Both sides will need to alter their behavior in order to prevent or reduce communication problems.

Group Therapy: Many people who are hard of hearing will have difficulty following discussion in a group therapy situation. The anxiety generated by difficulty in understanding what people are saying in such a situation may far outweigh the benefits of the treatment. Asking other group members to face the person who is hard of hearing, raise their voices, when talking about private and sensitive issues, and remember to use the microphone of an assistive device may produce an undue burden on them. Of course, these would be standard procedures if the group were composed entirely of people who are hard of hearing and their family members.

PSYCHOLOGICAL TESTING

Psychologists who tests with persons who have hearing loss must take into consideration the many factors that can potentially influence the results obtained. Most standardized psychological tests rely on audition and verbal expression, and, as such, test results can be significantly effected by the person's linguistic competency or comprehension of questions asked.

When hearing loss occurs during early childhood, language development is almost always effected. Research is beginning to indicate that this is true even for individuals with mild and moderate hearing losses, particularly if amplification was not provided from the onset. Use of verbally-based standardized tests with these individuals may not give an accurate picture of their level of functioning, and, instead, may measure the extent of their language deficiency and restricted vocabulary.

Individuals who acquire hearing loss later in life are often not good judges of when they have or have not understood what has been said. In a testing situation, they may not be aware of having misinterpreted directions or having not heard a question asked. Individuals who acquire hearing loss later in life may also be reluctant to ask for questions to be repeated, in order to avoid embarrassment or because they do not want to draw attention to their communication difficulties.

Psychologist who test persons with hearing loss are not the only ones who need to be familiar with the potential pitfalls of testing individuals who are hard of hearing. Mental health professionals and vocational rehabilitation counselors also need to be aware of these limitations, as they often request psychological testing to assist in treatment planning. If these service providers understand the potential sources of difficulty in testing persons with hearing loss, they will be in a better position of (1) developing a referral that can help guide the psychologist doing the testing, or (2) evaluating how much trust to place in test results obtained and the recommendations provided.

There are no "hard" rules about testing individuals who are hard of hearing, nor are there specific tests which should or should not be used. The population of individuals with hearing loss is a heterogeneous group and, therefore, certain psychological tests which may be inappropriate to use with one individual may be appropriate for use with another. To increase the validity of tests used with individuals who are hard of hearing, the following information should be gathered and assessment considerations made:

Information about the hearing loss:

- degree of loss: level of hearing loss will affect the extent to which the individual will understand spoken language, including test questions asked
- age of onset: hearing loss occurring at different stages in life may have significantly different affects on the development of language, academic skills, social skills, etc.
- rate of loss: did hearing loss occur gradually or suddenly

- etiological components: if hearing loss was a result of a neurological disorder, there may be other skills deficits that will need to be considered when administering tests
- language proficiency: hearing loss occurring during childhood often affects vocabulary development and linguistic skills

Selection and interpretation of standardized tests:

- depending upon the individual's level of hearing loss and age of onset, verbally oriented tests should be used with extreme caution, with results interpreted carefully
- tests which depend on auditory skills must be evaluated and carefully considered whether they are appropriate
- vocabulary and receptive and expressive linguistic demands of test should be evaluated
- some popular "nonverbal" tests used to evaluate individuals with hearing loss may lack reliability, validity, and be outdated. Some newer "verbal" measures may in fact be more appropriate
- test results should be carefully interpreted in the context of the person's hearing loss and its potential effect on test performance

Testing environment modifications:

- Reduce background noise (air conditioning, open windows, water cooler, hard floors, etc.)
- Maximize acoustics of testing room
- Reduce visual distractions
- Ensure adequate lighting
- Promote good speech and communication characteristics of examiner
- Establish appropriate seating arrangements (e.g., ability for client to see examiner's face, Minimize distance between client and examiner)
- Make sure hearing aids are in good working order and are turned "on"
- Use assistive listening devices or visual communication aids (e.g., CART)

OTHER CONDITIONS RELATED TO HEARING LOSS

The psychological, social, and economic effects of communication problems resulting from hearing loss are the main concern of most people who have hearing loss. However, some individuals with hearing loss have conditions that produce additional problems that need to be dealt with in their own right. Some of the more frequently occurring conditions requiring special consideration are as follows.

Vertigo/Dizziness: For many people who experience dizziness, the problem is a change in the vestibular system--part of the inner ear responsible for balance and body orientation in space. Meniere's disease is an example of a hearing loss-related condition that includes symptoms of fluctuating hearing, prolonged periods of violent dizziness, nausea, difficulty concentrating, and memory problems. Some people with Meniere's disease lose all of their hearing virtually overnight. For further information see the Vestibular Disorders Association in the Resource section at the end of this booklet.

Neuromas: Neuromas are tumors on the auditory nerve. Often, they are life threatening, and their surgical removal is required. Facial and/or other paralysis may result from this surgery, sometimes resulting in paraplegia. The surgery also results in complete loss of hearing. There is a tendency for tumors to recur, requiring repeated surgeries over time. The attendant psychological effects are numerous and severe. For further information see the National Neurofibromatosis Foundation and the Acoustic Neuroma Associations in the Resource section at the end of this booklet.

Tinnitus: Tinnitus is a ringing or other noise in the ears or head that often occurs in the absence of an external stimulus. It can be intermittent or constant and it may be experienced as mildly annoying to highly distressing--the effects of tinnitus can be psychologically devastating. While many people who have hearing loss do not have tinnitus, more than 90 percent of people with tinnitus also have hearing loss. For further information see the American Tinnitus Association in the Resource section at the end of this booklet.

APPENDIX A: NATIONAL AND LOCAL RESOURCES

Organizations

Acoustic Neuroma Association
PO Box 12402
Atlanta, GA 30355
(404) 237 8023
http://anausa.org/

Acoustic Neuroma Association of Canada (ANAC)
PO Box 369
Edmonton, AB, T5J, 2J6
Canada

Alexander Graham Bell Association for the Deaf (AG Bell)
3417 Volta Place, NW
Washington, DC 20007
(202) 337 5220
http://www.agbell.org

American Tinnitus Association (ATA)
PO Box 5
Portland, OR 97207-0005
(503) 248 9985
http://www.ata.org

Association of Late-Deafened Adults (ALDA)
11038 N. Pleasant Hill Rd.
Dakota, IL 61018
http://www.alda.org

AT&T National Special Needs Center
2001 Route 46
Parsippany, NJ 07054
(800) 233 1222

Cochlear Implant Club International, Inc. (CICI)
Peg Williams, Ph.D., Executive Director
5335 Wisconsin Ave. NW
Suite 440
Washington DC 20015
202-895-2781
202-895-2782 fax

Hearing Dogs for the Deaf and Hard of Hearing
The San Francisco SPCA
2500 16th St
San Francisco, CA 94103
(415) 554 3020 V
(415) 554 3022 TDD
http://www.sfspcahdp.org

International Federation of Hard of Hearing People
Christopher Shaw, General Secretary
P.O. Box 13
Abbots Langley
Hertforshire, WD5 ORQ

National Captioning Institute (NCI)
1900 Gallows Rd., Ste. 3000
Vienne, VA 22182
703-917-7600
http://www.ncicap.org

National Court Reporters Association (NCRA)
8224 Old Courthouse Road,
Vienna, VA 22182-3808
(703) 556 6272 V
(703) 556 6289 TDD
http://www.cri.org/ncra.htm

National Information Center on Deafness (NICD)
Gallaudet University
800 florida Ave, NE
Washington, DC 20002
(800) 451 8834
http://www.gallaudet.edu/~nicd/

National Institute on Deafness and Other Communication Disorders (NIDCD)
NIDCD Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
(800) 241 1044 V
(800) 241 1055 TDD

National Neurofibromatosis Foundation, Inc.
95 Pine St.
16th Floor
Newy York, NY 10005
(800) 323 7938
http://www.nf.org/

Self Help for Hard of Hearing People, Inc. (SHHH)
7910 Woodmont Ave, Suite 1200
Bethesda, MD 20814
(301) 657 2248
http://www.shhh.org/

Vestibular Disorders Association (VEDA)
PO Box 4467
Portland, OR 97208-4467
(503) 229 7705
http://www.teleport.com/~veda/

Hearing Health Professional Organizations

Academy of Rehabilitative Audiology (ARA)
ARA National Office
PO Box 26532
Minneapolis, MN 55426
(612) 920 6098 tdd

American Academy of Otolaryngology-Head and Neck Surgery
1101 Vermont Ave, NW, Suite 302
Washington, DC 20005
(202) 289 4607

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897 5700 V
(301) 897 0157 tdd
http://www.asha.org

Manufacturers and Vendors

Audiometrics, Inc.
710 Standard Street
Longview, TX 75604
(800) 237 0716

Clarion, by
Advanced Bionics, Corp.
12740 San Fernando Road
Sylmar, CA 91342
1 (800) 678 2575 V
1 (800) 678 3575 TDD
http://www.cochlearimplant.com/

Cochlear Corporation
61 Inverness Dr. E., Ste 200
Englewood, CO 80112
(800) 523 5798
(303) 790 9010
http://www.cochlear.com/

Comtek Communications Technology, Inc.
357 West 2700, South
Salt Lake City, UT 84115
(801) 466 3463
http://www.comtek.com

Phonic Ear, Inc.
3880 Cypress Dr.
Petaluma, CA 94954-7600
(800) 227 0735 (707) 769 9624
http://www.phonicear.com

Harris Communications
15159 Technology Drive
Eden Prarie, MN 55344-2277
(612) 906 1180
http://www.harriscomm.com

Walker Equipment Corp.
4009 Cloud Springs Road
Ringgold, GA 30736
(800) HANDSET
(706) 935 2600
http://www.handset.com

Williams Sound
10399 West 70th Street
Eden Prarie, MN 55344-3456
(800) 328 6190
http://www.williamssound.com

For a comprehensive listing of manufacturers and organizations see The Hearing Journal, Vol. 48, No. 12, Dec. 1995 (the 1996 Hearing Health Industry World Directory Issue)

APPENDIX B: REFERENCES

Journals

The Volta Review
AG Bell, Assoc.
3417 Volta Place, NW
Washington, DC 20007

Hearing Health magazine
PO Drawer V
Ingleside, TX 78362
(512) 776 7240

Hearing Loss
The Journal of Self Help for Hard of Hearing People, Inc.
7910 Woodmont Ave, Suite 1200
Bethesda, MD 20814

Journal of the Academy of Rehabilitative Audiology (JARA)
Circulation Manager
PO Box 26532
Minneapolis, MN 55426

Books

Clark, J.K., and Martin, F.N. (1994) Effective Counseling in Audiology: Perspectives and Practice. Prentice Hall, Englewood Cliffs, NJ 07632, 319 pages

Davis, Julia, Ed. (1990) Our Forgotton Children: Hard of Hearing Pupils in the Schools. 2nd Ed. SHHH, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814, 68 pages ($5.00 plus shipping)

Kricos, P.B., and Lesner, S.A. (1995) Hearing Care For The Older Adult. Butterworth-Heinemann, 313 Washington Street, Newton, MA 02158-1626, 282 pages

Ross Mark, Ed. (1994) Communication Access For Persons With Hearing Loss. York Publisher, 16781 Shagrin Blvd, Shaker Heights, OH 44120 306 pages (ISBN 0-912752-35-1)

Trychin S. and Busacco, D. (1991) Manual for Mental Health Professionals, Part one: Making Services Accessible to Hard of Hearing People. SHHH, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($20.00)

Trychin S. (1991) Manual for Mental Health Professionals, Part two: Psychosocial Challenges Faced by Hard of Hearing People. SHHH, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($25.00)

Trychin, S. (1993) Communication Issues Related To Hearing Loss. SHHH, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($12.00)

Videotapes

Assistive Devices: Doorways to Independence. Cynthia Compton. Vancomp Associates, 2740 Gingerview Lane, Annapolis, MD 21401, (410) 266 8157 (about $100.00 with an accompanying manual)

Getting The Most Out Of Your Hearing Aids. C. Everett Koop. SHHH Publications, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($19.95 plus $4.25 Shipping)

Communication Rules. Samuel Trychin, SHHH Publications, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($40.00, accompanying manual $12.00)

Did I Do That? Samuel Trychin, SHHH Publications, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($40.00, accompanying manual $12.00)

Getting Along.. Samuel Trychin and Marion Forgatch, SHHH Publications, 7910 Woodmont Ave, Suite 1200, Bethesda, MD 20814 ($40.00, accompanying manual $12.00)

APPENDIX C: COMMUNICATION GUIDELINES

Guidelines for speaking to a person who is hard of hearing:

- Get the person's attention before talking
- Be sure your face can be clearly seen
- Do no have objects in your mouth
- Speak clearly, at a moderate pace
- Use facial expression and gestures
- Inform listener when changing the subject
- Rephrase when you are not understood
- Avoid noisy background situations
- Don't shout
- Try to be patient, positive, and relaxed
- Talk to, not about, the person
- Ask for tips for improving communication

Guidelines for listeners who are hard of hearing:

- Pick the best spot to communicate
- Anticipate difficult situations – plan ahead
- Inform others how to best talk to you
- Pay attention to the person talking
- Look for visual clues of what is said
- Ask for key words in writing if needed
- Inform the listener about what you heard
- Do not bluff
- Arrange for breaks if meetings are long
- Reinforce speaker's helpful communication
- Set realistic goals for understanding
- Balance your needs with those of others

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